

BREASTFEEDING BENEFIT COVERAGE GUIDELINES: Neighborhood Health Plan of Rhode Island



- This grid includes the general coverage parameters for Rlte Care.
- Bright Start® Prenatal Program packets are sent to all pregnant participants who have been identified to NHPRI by their providers or who have called to enroll in the Bright Start® Prenatal Program.
- Requests regarding the availability of pumps that have not been addressed by the vendors identified below can be made through DMEnson, Inc. (Neighborhood's contracted provider for Durable Medical Equipment) at 1-866-205-2122.

	MOM / BABY CRITERIA	NETWORK / VENDOR / PRODUCT INFO Approved providers, vendors, products	REQUIRED STEPS Prescriptions, referrals, times specifications	PAYMENT SPECS Direct pay, co-pay, reimbursement
Education				
Prenatal Breastfeeding Classes / Childbirth Education Classes	Covered benefit (group and individual classes)	Classes at contracted network providers ¹	No referral or authorization, show NHPRI card at class	No co-pay
Breastfeeding Support Groups	Not a covered benefit	N/A	N/A	N/A
Lactation Support				
In-patient Hospital	Covered as part of inpatient stay	Any contracted network hospital		No co-pay
Out-patient Hospital	Covered benefit	Needs to be performed by an International Board Certified Lactation Consultant (IBCLC)	<ul style="list-style-type: none"> • Initial consult must occur w/in first 2 weeks after delivery • Limited to 2 additional visits w/in first month after delivery • No prior authorization required for initial lactation consult or 2 additional consults • NHPRI Medical Management must review requests for referrals beyond 3 visits 	No co-pay
Out-patient Home	Not a covered benefit	N/A	N/A	N/A
Equipment				
Manual Breast Pump	Covered Benefit	Contracted DME vendor (see following provider list or contact Customer Service at 401-459- 6020 for updates)	Submit prescription to DME vendor. No prior authorization required.	No co-pay
Electric Breast Pump	Covered Benefit		Refer to Clinical Medical Policy on NHPRI website (http://www.nhpri.org) Submit prescription for mother ² to DME vendor. No prior authorization required.	No co-pay
Electric Breast Pump, Hospital Grade	Covered Benefit		Refer to Clinical Medical Policy on NHPRI website (http://www.nhpri.org) Submit prescription for mother ³ to DME vendor. Requires prior authorization, medical review. Return to work / school does not constitute medical necessity.	No co-pay
Electric Breast Pump Kit (Purchase)	Covered Benefit	Provided with electric pump	Authorized with electric pump – 1 max	No co-pay

¹ Approved classes are listed in the Bright Start® Prenatal Program packets. Members who are not the in the Bright Start® Prenatal Program can contact Customer Service at 1-401-459-6019 to request a list of classes.

^{2,3} Prescription must be written by the mother's provider. Medical justification can reflect the needs of the mother or child.

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DME PROVIDER NAME	PHONE NUMBER	TURNAROUND TIME (upon receipt of authorization)	MANUAL PUMP (PURCHASE)	ELECTRIC PUMP (PURCHASE)	HOSPITAL GRADE ELECTRIC PUMP (RENTAL ONLY)
Vanguard Home Medical Equipment	401-468-1300	Same day	Yes	Yes	Yes
Simpson's Pharmacy	401-722-7600	Same day	Yes	Yes	No
South County Surgical Supply	401-783-1850	Same day	Yes	No	Yes
A Fitting Experience	401-398-2639	Same day	No	Yes	No

This list reflects DME providers known to provide breast pumps and is not all-inclusive of DMEnson's DME provider network.